

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 16 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20830

(8)

1. Corporation Name

**HEALTH FOUNDATION RESEARCH & EDUCATION OF SOUTH
FLORIDA, INC.**

Principal Place of Business

Mailing Address

603 BRICKELL KEY DR.
STE. #901
MIAMI FL 33131
US

603 BRICKELL KEY DR.
STE. #901
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1987

3a. Date of Last Report

06/06/1994

4. FEI Number

65-0005383

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, RICHARD B JR.
CORCORD BLDG., 5TH FLOOR
66 WEST FLAGLER STREET
MIAMI FL 33130

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME O'NEIL, JOHN H JR
STREET ADDRESS 601 BRICKELL KEY DR., #901
CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE
1.2 NAME WALTER J. Stanton III
1.3 STREET ADDRESS 601 BRICKELL KEY DR. #901
1.4 CITY-ST-ZIP MIAMI, FL 33131

TITLE DS
NAME MUELLER, BEVERLY L
STREET ADDRESS 601 BRICKELL KEY DR., #901
CITY-ST-ZIP MIAMI FL 33131

2.1 TITLE
2.2 NAME ORTIZ, Ramiro
2.3 STREET ADDRESS delete
2.4 CITY-ST-ZIP

TITLE D
NAME ORTIZ, RAMIRO
STREET ADDRESS 601 BRICKELL KEY DR., #901
CITY-ST-ZIP MIAMI FL 33131

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME NORDQVIST, STAFFAN MD
STREET ADDRESS 601 BRICKELL KEY DR., #901
CITY-ST-ZIP MIAMI FL 33131

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE M
NAME DEFURIO, ANTHONY C
STREET ADDRESS 601 BRICKELL KEY DR., #901
CITY-ST-ZIP MIAMI FL 33131

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE CD
NAME O'NEIL, JOHN H
STREET ADDRESS 1400 NW 12 AVE.
CITY-ST-ZIP MIAMI FL 33138

6.1 TITLE
6.2 NAME O'Neil, John H.
6.3 STREET ADDRESS delete - duplicate
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/95

305 374 7200

DATE

Daytime Phone #

0007087